



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091800001

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OCEAN VIEW INC.

DOING BUSINESS AS

ADDRESS 16 CHAPMAN AVE

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: JACKSON,  
RONALD E. SR.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG CONSISTING OF TWO DINING ROOMS AND ONE LOUNGE AREA/  
STORAGE ROOMS IN REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091800009

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TOPSIDE INC

DOING BUSINESS AS THE RITZ CAFE

ADDRESS 4 CIRCUIT AVE.

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: KING, JANET

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FRONT ROOMS FOR SERVICE, TWO REAR ROOMS FOR STORAGE, ONE KITCHEN ALL ON ONE FLOOR. DWELLING ABOVE. TWO EXITS AND ONE REAR EXIT

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

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LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091800011

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: A.M.R. VINEYARD, INC.

DOING BUSINESS AS ATLANTIC CONNECTION-SEASONS PUB

ADDRESS 19 CIRCUIT AVE.

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: WHITE, ERIC

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 1/2 STORY BLDG, ONE RESTAURANT, ONE DANCE ROOM, ONE KITCHEN ON FIRST FLOOR. BALCONY ON SECOND FLOOR. THIRD FLOOR HAS THREE STAFF ROOMS AND ATTIC. FULL CELLAR. 4 ENTRANCES AND 3 EXITS

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091800017

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MARTHA'S VINEYARD POST #9261 V.F.W.OF U.S.INC

DOING BUSINESS A

ADDRESS 14 TOWANICUT ST.

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: ROCHON,  
RAYMOND

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR; FOUR ROOMS CONSISTING OF MAIN HALL, TWO REST ROOMS AND KITCHEN. BLDG HAS ONE FRONT ENTRANCE AND ONE EXIT ON THE SIDE AND ONE AT THE REAR OF THE BLDG

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091800018

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HOLY GHOST SOCIETY INC. OF MARTHA'S VINEYARD

DOING BUSINESS AS

ADDRESS 137 VINEYARD AVE.

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: ALLEY,  
CHARLENE

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE LICENSED PREMISES ARE COMPRISED OF THE EXISTING BUILDING, OUTDOOR  
AREA AND NEW ADDITION AS SHOWN ON THE ATTACHED EXHIBIT A

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091800020

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OUR MARKET CORPORATION

DOING BUSINESS AS

ADDRESS 1 EAST CHOP DR

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: MCNEELY, JAMIE TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FRONT ENTRANCE AND ONE REAR ENTRANCE. FIRST FLR IS USED FOR SALES AND STORAGE OF LIQUORS, MEATS, GROCERIES AND FRUITS. 2ND FLOOR IS USED FOR DWELLING AND HAS ONE OUTSIDE ENTRANCE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091800021

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VINEYARD MARKETS, INC

DOING BUSINESS AS JIM'S PACKAGE STORE

ADDRESS 27 LAKE AVE.

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: WALLACE,  
MICHAEL R.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091800022

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TONY'S MARKET, INC

DOING BUSINESS AS TONY'S MARKET

ADDRESS 119 DUKES COUNTY AVE.

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: HILL, KELLY

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

119 DUKES COUNTY AVENUE. FIRST FLOOR STORE AND LOFT PLUS FIRST FLOOR  
ATTACHED STORAGE FACILITY.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091800040

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PJ'S MV INC.

DOING BUSINESS AS SLICE OF LIFE

ADDRESS 50 CIRCUIT AVE

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: SMYTH, JR. ,  
PETER H

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR DINING ROOM, KITCHEN, OUTSIDE PORCH, TWO BATHROOMS. TWO SIDE  
DOOR ENTRANCES/EXITS

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091800044

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VINEYARD BREWING COMPANY, INC.

DOING BUSINESS AS OFFSHORE ALE COMPANY

ADDRESS 30 KENNEBEC AVE.

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: MC ANDREWS,  
PHILLIP J.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

88 SEAT RESTAURANT/BREWERY SERVING FULL MENU, 2 BATH- ROOMS FOR PATRONS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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DATE:

TELEPHONE NUMBER:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091800052

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PARK CORNER, INC

DOING BUSINESS AS PARK CORNER BISTRO

ADDRESS 1 PARK AVE MALL

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: MARTIN, JESSE J. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091800068

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE ARCADE CORPORATION

DOING BUSINESS AS SHARKY'S CANTINA

ADDRESS 31 CIRCUIT AVE

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: BLAU,  
JONATHAN S.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GROUND FLOOR, RIGHT SIDE OF PREMISES INCLUDING DINING ROOM, KITCHEN AND  
STORAGE IN BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091800072

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VINEYARD THAI CUISINE

DOING BUSINESS AS BANGKOK CUISINE MARTHA'S VINEYARD

ADDRESS 67 CIRCUIT AVE

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: SANGWORN,  
KHAMPO

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR RESTAURANT PREMISES OF WOOD FRAME BUILDING WITH INDOOR AND  
OUTDOOR DINING AREA, KITCHEN, BAR AREA AND WALK-IN FREEZER

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091800073

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: C VIVOR LLC

DOING BUSINESS A MARTHA'S VINEYARD CHOWDER COMPANY

ADDRESS 9 OAK BLUFFS AVENUE

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: BREWER, KATIE  
LEE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STREET LEVEL FIRST FLOOR, CONDOMINIUM, CONCRETE STRUCTURE, SPRINKLER 113'L X 35'W 3600SQ'

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091800077

CITY OR TOWN OAK BLUFFS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PIRATE JACKS LLC

DOING BUSINESS AS PIRATE JACK'S BURGER SHACK

ADDRESS 5 OAK BLUFFS AVENUE

CITY/TOWN: OAK BLUFFS

STATE: MA

ZIP CODE: 02557

MANAGER: CHARTER,  
EDWARD

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

1400 SQ.FT. RESTAURANT CONSISTING OF TWO FLOORS, BASEMENT LEVEL IS A PREP KITCHEN. MAIN FLOOR HAS TWO ENTRANCES, ONE HANDICAPPED ACCESSIBLE. DINING ROOM HAS A KITCHEN AREA WITH ADJACENT 18 FOOT COUNTER, SIX FOOT BEVERAGE BAR, AND COUNTERS AROUND THE PERIMETER OF DINING ROOM. ONE HANDICAPPED ACCESSIBLE BATHROOM OFF DINING ROOM, ONE EMPLOYEE NATHROOM IN BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

